

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Michigan State University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: East Lansing, Michigan 48824

Name of Agent Designated to Receive
Notification of Claimed Infringement: Dr. R.I. Wittick

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

220 Computer Center, MSU
East Lansing, MI 48824

Telephone Number of Designated Agent: 517-355-4500

Facsimile Number of Designated Agent: 517-353-9847

Email Address of Designated Agent: dmca@msu.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7/31/03

Typed or Printed Name and Title: Tom D. Davis, Interim Director
Computer Laboratory

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.

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